

## STATEMENT OF MULTIPLE COUNTY USE OF VEHICLE (CVC §4004.5)

MAIL TO DEPARTMENT OF MOTOR VEHICLES SPECIAL PROCESSING UNIT — MS D238 P.O. BOX 932345, SACRAMENTO, CA 94232-3450

YOU MAY PROVIDE THE FOLLOWING INFORMATION IF YOU RESIDE IN MORE THAN ONE COUNTY FOR A PERIOD OF MORE THAN 30 DAYS, OR USE YOUR VEHICLE IN A COUNTY OTHER THAN YOUR COUNTY OF LEGAL RESIDENCE FOR BUSINESS PURPOSES. ADDITIONAL PAGES MAY BE ATTACHED IF THE INFORMATION TO BE SUBMITTED EXCEEDS THE SPACE PROVIDED.

SECTION 1 — VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR MODEL	MAKE OF VEHICLE	VEHICLE LI	VEHICLE LICENSE NUMBER	
SECTION 2 — RESIDENCY / MULTIPLE COUNTY USE OF VEHICLE INFORMATION					
I reside at the following address	s/addresses more than	30 days during the year.			
STREET ADDRESS	COUNTY	CITY		STATE ZIP CODE	
STREET ADDRESS	COUNTY	CITY		STATE ZIP CODE	
STREET ADDRESS	COUNTY	CITY		STATE ZIP CODE	
I use the vehicle for business p	urposes in the following	counties during the yea	RT.	NUMBER OF DAYS	
COUNTY			STATE	NUMBER OF DAYS	
COUNTY			STATE	NUMBER OF DAYS	
SECTION 3 — COUNTY WHE	RE VEHICLE IS LOCA	TED OR USED THE MA	AJORITY OF THE TI	IME	
SECTION 4 — CERTIFICATIO	N				
PRINT TRUE FULL NAME	SIGN	ATURE	DAY	YTIME TELEPHONE NUMBER	
MAILING ADDRESS	COUNTY	CITY		STATE ZIP CODE	
EXECUTED ON (DATE)	AT (CITY)		COUNTY		

Vehicle owners are required to notify the department of a change of address or address correction within 10 days by submitting a fully completed Notice of Change of Address form (DMV 14) to the department's address shown on the form or online at **www.dmv.ca.gov**. The above information does not take the place of the Notice of Change of Address.